MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12181

CERTIFICATE OF DEATH

Reg. Dist. No. 9r

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY CECIL; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON; LENGTH OF STAY (in this place) 4 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY CECIL; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST RURAL; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELISHA (Middle) A (Last) ATKINSON

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 6-30-1879

9. AGE last birthday: 74 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOILERMAKER

10b. KIND OF BUSINESS OR INDUSTRY: IRON

11. BIRTHPLACE (State or foreign country): NORTH EAST MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ELISHA A ATKINSON

14. MOTHER'S MAIDEN NAME: VIRNETTA DEHAVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Elisha A Atkinson North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
540.1 Immediate cause	(a) Peritonitis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ruptured Gastric Ulcer	3 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left direct inguinal Hernia; generalized arteriosclerosis — 5 yrs.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —; PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —; (CITY OR TOWN): —; (COUNTY): —; (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 13 Dec, 1953, to 17 Dec, 1953, that I last saw the deceased alive on 17 Dec, 1953, and that death occurred at 8:15A m., from the causes and on the date stated above.

SIGNATURE: Hans H Hunter (Degree or title) M.D. ADDRESS: North East Md DATE SIGNED: 18 Dec '53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 12-20-1953; NAME OF CEMETERY OR CREMATORY: Bethel; LOCATION (City, town, or county) (State): North East Rural Md

DATE REC'D BY LOCAL REG.: Dec 19; REGISTRAR'S SIGNATURE: F K Frazer

24. FUNERAL DIRECTOR: Joseph R Grant; ADDRESS: North East Maryland

RECEIVED
DEC 1953
BUREAU V. S.

12085

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 34
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 34
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) NORWOOD (Middle) M. (Last) ATKINSON
4. DATE OF DEATH (Month) Dec (Day) 15 (Year) 1953
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 3, 1885
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Prestolite
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Norris Atkinson
14. MOTHER'S MAIDEN NAME Lydia Dempsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Norwood Atkinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Uremia — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gastric ulcer, hemorrhagic — 6 mos +

(c) Cardio renal vascular

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 13, 1953, to Dec 15, 1953, that I last saw the deceased alive on Dec 15, 1953, and that death occurred at 1 P.m., from the causes and on the date stated above.

SIGNATURE J. Herbert Bates, (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED Dec 15-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 18 1953
NAME OF CEMETERY OR CREMATORY Gilpin Manor Mem Pk
LOCATION (City, town, or county) Elkton (State) Md.
DATE REC'D BY LOCAL REG. Dec 18
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pepper + Son ADDRESS Elkton, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 22 1953
BUREAU V. S.

Item9 FilmG160 12/28/53 mmb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12686

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

COUNTY Cecil MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 34

LENGTH OF STAY (in this place) 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital 30

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 34

STREET ADDRESS (If rural give location) 118 Collins St.,

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Frank		Backus	Dec.	12	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Widowed	March 12, 1873	80 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Handy Man	Private Homes	Newark, Del.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Laura Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
	none	Viola M. Lampson-118 Collins St., Elkton

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (Final disease or condition resulting in death)	(a) Uremia	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cardio vascular renal	5 Years
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/8, 1953, to 12/13, 1953, that I last saw the deceased alive on 12/13, 1953, and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Herbert Babb M.D.	Elkton Md	12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/16/53	Providence Cem.	Elkton, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 16	F R Frazier	Edward Bell	909 Poplar St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 19 1953
BUREAU V. S.

12687

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
LENGTH OF STAY (In this place) Life X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) DONALD (Middle) STIRLING (Last) BARNES
4. DATE OF DEATH (Month) 12 (Day) 14 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 9-22-1916
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Mulcel Clerk.
10b. KIND OF BUSINESS OR INDUSTRY Race track.
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Lee Barnes.
14. MOTHER'S MAIDEN NAME Sarah Malcolm.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1-8-1935 to 8-27-1937
16. SOCIAL SECURITY NO. 213-18-7402
17. INFORMANT AND ADDRESS Sarah Barnes, Charlestown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9298 Immediate cause (a) Drowned.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) North East Riv. (CITY OR TOWN) Charlestown (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 14 (Year) 53 (Hour) m.
INJURY OCCURRED While at work X Not while at work ☐
HOW DID INJURY OCCUR? Fell overboard into River

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dockson MD (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 12-16-53

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial
DATE THEREOF 12-19-1953
NAME OF CEMETERY OR CREMATORY Charlestown
LOCATION (City, town, or county) Charlestown, Md (State)

DATE REC'D BY LOCAL REG. Dec. 18, 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty actg Reg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1A

RECEIVED
DEC 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12688

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: CECIL — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH EAST — LENGTH OF STAY (in this place): LIFETIME	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH EAST
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	A	BOYER Sr.	12	27	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE		Aug 26 1871	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Iron Worker Helper	Rolling Mill	North East Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Boyer	Louisa Biddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	none	John Boyer North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Right cerebral Hemorrhage with left Hemiplegia	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	5 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Left indirect inguinal Hernia	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from 15 Dec, 1953, to 27 Dec, 1953, that I last saw the deceased alive on 20 Dec, 1953, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Klaus H Thuemmler	M.D.	North East, Md	27 Dec '53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-30-53	Methodist	North East Cecil	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-30-53	Sarah E. Rothermel	Joseph A Grant	North East Md

RECEIVED
JAN 4 1984
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bainbridge, Maryland
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. N. H., Bainbridge, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Cecil~~ Hart
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
STREET ADDRESS (If rural give location) 196 Engle Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Frank (Last) Carter
4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1953
5. SEX: M
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant
8. DATE OF BIRTH: 12-20-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Month Days 3 IF UNDER 24 HRS. Hours 8 Min. 17
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Bainbridge
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Roamer "C" Carter
14. MOTHER'S MAIDEN NAME: Dorothy Lucille Ennis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Dorothy Carter, Aberdeen, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

77 ex

Immediate cause (a) Prematurity — Interval Between Onset And Death: 3 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20, 1953, to 12-23, 1953, that I last saw the deceased alive on 12-23, 1953 and that death occurred at 8:57 PM, from the causes and on the date stated above.

SIGNATURE V. M. REIST (Degree or title) LCDR MC USN ADDRESS Bainbridge, Maryland DATE SIGNED 12-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-24-53
NAME OF CEMETERY OR CREMATORY West Nottingham Cemetery
LOCATION (City, town, or county) Colora (State) Cecil Md.
DATE REC'D BY LOCAL REGISTRAR 12-24-53
REGISTRAR'S SIGNATURE Dorothy B. Bramble
24. FUNERAL DIRECTOR Lee A. Patterson & Son Perryville, Md. ADDRESS

20V3294291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 1 mo. 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
STREET ADDRESS (If rural give location): 13901 Colesville Road

3. NAME OF DECEASED (Type or Print): (First) RAYMOND (Middle) DAVID (Last) CLEAVER

4. DATE OF DEATH: (Month) December (Day) 11 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-14-1899

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Sharon Hill, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Cleaver - Deceased

14. MOTHER'S MAIDEN NAME: Mary E. Mason - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized abdominal carcinamatosis — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of the pancreas — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 19 53, to 12-11, 19 53, that I last saw the deceased alive on [illegible] and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE: W. OPPLER, M.D. (Degree or title) — ADDRESS: Chief of Professional Services, VAH, Perry Point, Md. — DATE SIGNED: 12-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 12-11-53 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR: Dec 12, 1953 — REGISTRAR'S SIGNATURE: Ida M. Daugherty, Secty Reg.

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: WARNER E. PUMPHREY FUNERAL HOME, Silver Spring, Md.

REC
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2101

CERTIFICATE OF DEATH

Reg. Dist. No. 9-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON R 4 | LENGTH OF STAY (in this place) LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON RURAL #1
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (First) DAISY (Middle) SELENA (Last) CORCORAN

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1953

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): | 8. DATE OF BIRTH: 6-22-1875 | 9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): MARYLAND | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CLARK COLE | 14. MOTHER'S MAIDEN NAME: MARY ELLEN BORLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: John J. Corcoran Elkton R4 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-sclerotic cardio vascular renal disease — Interval Between Onset And Death: Yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24, 1953 to Dec. 22, 1953, that I last saw the deceased alive on Dec. 22, 1953, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Ralph Arbaugh, Jr. M.D. | ADDRESS Elkton Md. | DATE SIGNED 12/23/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial | DATE THEREOF 12-24-53 | NAME OF CEMETERY OR CREMATORY SHARP's | LOCATION (City, town, or county) ELKTON R4 CECIL (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec 23 | REGISTRAR'S SIGNATURE A H Frazier

24. FUNERAL DIRECTOR Joseph R Grant | ADDRESS North East, Md.

1953
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Calvert
LENGTH OF STAY (In this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Graybeal Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) N (Last) Dierling
4. DATE OF DEATH (Month) 12 (Day) 5 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10-28-1869
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North East Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Dierling
14. MOTHER'S MAIDEN NAME Mary Scotten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wm. Patchell North East Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4222 Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3, 1953, to 12-5, 1953, that I last saw the deceased alive on 12-3, 1953, and that death occurred at 1 a. m., from the causes and on the date stated above.

SIGNATURE R. C. Dodson (Degree or title) MD. ADDRESS Rising Sun Md. DATE SIGNED 12-7-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-8-53
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) (State) North East Cecil Co. Md.

DATE REC'D BY LOCAL REG. Dec 9-13
REGISTRAR'S SIGNATURE L. M. Washington
24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PERRY POINT, MARYLAND
LENGTH OF STAY (in this place) 1 Month 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VAH, Perry Point, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNSYLVANIA COUNTY LANCASTER
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MOUNT JOY
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LYTLE (Middle) S. (Last) GRAMM
4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 4-29-92
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): MOUNT JOY, PENNA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: FRANK GRAMM
14. MOTHER'S MAIDEN NAME: MARY SULTZBAUGH
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW1
16. SOCIAL SECURITY No.: 155 03 0068
17. INFORMANT & ADDRESS: HOSPITAL RECORDS, VAH, PERRY POINT, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

57 xx/

Immediate cause (a) INTESTINAL OBSTRUCTION
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) PERFORATED DIVERTICULITIS
DUE TO
(c)

Interval Between Onset And Death: 2 WEEKS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY INFARCTION, POST OPERATIVE. ACUTE HEPATITIS, POST OPERATIVE

19a. DATE OF OPERATION: 11-17-53
19b. MAJOR FINDINGS OF OPERATION: PERFORATED DIVERTICULITIS
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 10-30-53, 19 ..., to 12-6- ..., 1953, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 8:20 AM, from the causes and on the date stated above.

SIGNATURE E. Ells, M.D. (Degree or title) E. ELLS, M.D., Acting Chief, Professional Services
ADDRESS VA Hospital, Perry Point, Md.
DATE SIGNED 12/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
DATE THEREOF 12-6-53
NAME OF CEMETERY OR CREMATORY Fairview
LOCATION (City, town, or county) (State) Boyertown, Pa.
DATE REC'D BY LOCAL REGISTRAR Dec 6, 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty Act Reg.
24. FUNERAL DIRECTOR WILLIAM COOK, INC.
ADDRESS St. Paul & Preston Sts., Baltimore. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ...age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural (Cecil)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural give location) (Rural Cecil)

3. NAME OF DECEASED (Type or Print) (First) JANE (Middle) M. (Last) ISAACS

4. DATE OF DEATH (Month) 12 (Day) 28 (Year) 1953

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH June 29-1881

9. AGE last birthday 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Biddle

14. MOTHER'S MAIDEN NAME Rose Brower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT Mr Martin Isaacs North East Md

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a)	Pulmonary Edema	24 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertensive Cardiovascular Renal Disease	5 yrs
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	?

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 21 Dec, 1953, to 28 Dec, 1953, that I last saw the deceased alive on 23 Dec, 1953, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hans H. Hueber M.D. No. 44 E. 4th Rd 28 Dec '53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12-31-53

NAME OF CEMETERY OR CREMATORY Chesapeake

LOCATION (City, town, or county) (State) Chesapeake Rural Cecil Md

DATE REC'D BY LOCAL REG. 12-30-53

REGISTRAR'S SIGNATURE Sarah C. Rothermel

24. FUNERAL DIRECTOR Joseph J. Grant

ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun — LENGTH OF STAY (If hospital or institution) Died
HOSPITAL OR INSTITUTION (If not in either, give STREET ADDRESS) Brookview Cemetery

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural, give location) R. Queen St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Job.	William	Kirk.	12	29	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Married	7-12-1889	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Salesman	Retired	Rising Sun Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas B Kirk	Annie M Brown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	212-12-6139	Clara Kirk, Rising Sun Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42

Immediate cause (a) Acute Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT, HOMICIDE, SUICIDE, OR UNDETERMINED (If any) OR CONTRIBUTING CAUSE OF DEATH	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find the said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒ accident ☐, suicide ☐ or homicide ☐, undetermined ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. L. Woodrow MD		E Rising Sun Md	12/30/53

DISPOSITION (Burial, Cremation, etc.)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 2, 1954	Brookview Cem	Rising Sun Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 30-53	L M Warrington	J. E. Tyson	Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE LEGIBLY WITH UNFADING INK. Supply every item of information carefully. Items especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 15 Eder St.

3. NAME OF DECEASED (Type or Print) (First) Bohuslow (Middle) (Last) Krejcik
4. DATE OF DEATH (Month) 12 (Day) 21 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married
8. DATE OF BIRTH 8-27-1895
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Laborer St Road
10b. KIND OF BUSINESS OR INDUSTRY Laborer.
11. BIRTHPLACE (State or foreign country) Czechoslovakia
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Vaclov Krejcik
14. MOTHER'S MAIDEN NAME Barber Horanek.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-05-6679.
17. INFORMANT AND ADDRESS Anna Soustek, 1420 Ceddox Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull and

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) crushed chest multiple

(c) Laceration & contusions of body.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40 (CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 21 (Year) 53 (Hour) 1:30 p.m. INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Motor vehicle - [illegible]

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R le Dodson MD (Degree or title) DME — ADDRESS Rising Sun Md. — DATE SIGNED 12-22-53

[illegible] OCCUPATION (Specify) Burial — DATE THEREOF Dec 24/53 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Baltimore 25 (State) Md

DATE FILED BY LOCAL REG. Dec 23 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR H W Pippin & Son — ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct, specially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12097

CERTIFICATE OF DEATH

Reg. Dist. No. 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cherry Hill
LENGTH OF STAY (in this place) 32yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cherry Hill
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) Ellen (Last) Lort

4. DATE OF DEATH: (Month) I2 (Day) I8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feb. II, I885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Work

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Quein

14. MOTHER'S MAIDEN NAME: Sara E. Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Drew John Lort

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X

Immediate cause (a) Cerebral Thrombosis. — Interval Between Onset And Death 36 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis, general. — ?

260 X DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 6 yrs.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,1951, to Dec 18, 1953, that I last saw the deceased alive on Dec 18, 1953, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wallace Johnson MD ADDRESS Newark Del DATE SIGNED 12/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF I2/22/53 — NAME OF CEMETERY OR CREMATORY Cherry Hill Methodist — LOCATION (City, town, or county) Cherry Hill (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 19 — REGISTRAR'S SIGNATURE H H Frazer

24. FUNERAL DIRECTOR H. Walter du Bois, Jr. ADDRESS Elkton Md.

BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

1210

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 25 yrs. 7 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
STREET ADDRESS (If rural, give location): 4227 Westminster Ave.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) JOSEPH (Last) MAGUIRE

4. DATE OF DEATH: (Month) December (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-29-1897

9. AGE last birthday: 56 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Mason

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Maguire - Deceased

14. MOTHER'S MAIDEN NAME: Norma Mahoney - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion, Due To Coronary Arteriosclerosis	3 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Infarction of lung, due to thrombus.	3 Days
	(c) Embolism, pulmonary, due to circulatory disturbance.	3 Days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Arteriosclerotic Nephrosclerosis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 5-15 ..., 19 28, to 12-15 ..., 19 53, ~~that I last saw the deceased alive on~~, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

SIGNATURE: W. OPPLER, M.D. (Degree or title) Chief, Professional Services, VAH, Perry Point, Md. (ADDRESS) DATE SIGNED: 12-21-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: 12-20-53

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Dec 21, 1953

REGISTRAR'S SIGNATURE: Ida M. Daugherty acty Reg

24. FUNERAL DIRECTOR: Pennington & Son

ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

REC
DEC
BUREAU V. S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, Maryland (Rural) LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 320 West 23rd Street

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) CLYDE (Last) MC COMAS
4. DATE OF DEATH (Month) Dec. (Day) 20 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 9-22-11
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Mixed Concrete Dist.
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Oliver P. Mc Comas
14. MOTHER'S MAIDEN NAME Elizabeth Mc Clymont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Hospital Records, V.H., Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

253.3

Immediate cause (a) Exposure following Epileptic Seizure — INTERVAL BETWEEN ONSET AND DEATH: Undet.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epilepsy following Prefrontal Lobotomy in 1949

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Schizophrenic Reaction, Paranoid Type

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find the said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.

SIGNATURE R. C. Dodson M.D. D.M.E. (Degree or Title) ADDRESS Rising Sun, Maryland DATE SIGNED Dec. 24, 1953

MOVAL (Specify) Removal DATE THEREOF 12-24-53 NAME OF CEMETERY OR CREMATORY Greenmount Cemetery LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE FILED BY LOCAL REG. Dec. 24, 1953 REGISTRAR'S SIGNATURE Ida M. Daugherty actg. Reg.

21. FUNERAL DIRECTOR Williams Cook, Inc 1217 St Paul St. ADDRESS WILLIAM COOK, Inc 1217 St. Paul St., Baltimore, Maryland

Film#G160 Item# 8 12/18/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton 3,4
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rising Sun
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) McCummings

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 18 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Help
11. BIRTHPLACE (State or foreign country): Rising Sun Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Townsend McCummings
14. MOTHER'S MAIDEN NAME: Ella Morrison

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Arthur Mc Cummings Rising Sun, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia - Acute urinary retention — Interval Between Onset And Death: 2 weeks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Benign prostatic hypertrophy — Unknown

(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema — Unknown

19a. DATE OF OPERATION: Nov 28 1953
19b. MAJOR FINDINGS OF OPERATION: Benign prostatic hypertrophy
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 22, 1953, to Dec. 7, 1953, that I last saw the deceased alive on Dec. 6, 1953, and that death occurred at 2:35 Am., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Elkton, Md. 12/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec 10, 1953 NAME OF CEMETERY OR CREMATORY Freemont Cem, PA. LOCATION (City, town, or county) Nottingham, (State) PA.
DATE REC'D BY LOCAL REGISTRAR Dec-10 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR J. Earl Tyson ADDRESS Rising Sun Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 14 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12101

Reg. Dist. No. 94

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East — LENGTH OF STAY: Collapse
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) HERBERT (Last) McKENNEY
4. DATE OF DEATH (Month) 12 (Day) 19 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-20-1882
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 1 day: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR
10b. KIND OF BUSINESS OR INDUSTRY: ELEMENTARY SCHOOL
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: AMOS McKENNEY
14. MOTHER'S MAIDEN NAME: ANNA GROVES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-18-0583
17. INFORMANT AND ADDRESS: Thelma McKenney North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute Coronary.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Occlusion

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ___ Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X accident ___ suicide ___ homicide ___ undetermined ___.

SIGNATURE: R C Dodson MD DmE (Degree or title) — ADDRESS: Rising Sun Md. — DATE SIGNED: 12-19-53

23. CREMATION (MOVAL Specify): Burial — DATE THEREOF: 12-22-53 — NAME OF CEMETERY OR CREMATORY: Methodist — LOCATION (City, town, or county) (State): North East Cecil Md

24. REC'D BY LOCAL REG.: Dec 21-53 — REGISTRAR'S SIGNATURE: Sarah E Rothermel — 24. FUNERAL DIRECTOR: Joseph R Grant North East Md — ADDRESS

MARGIN RESERVED FOR BINDING

1

...AINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... specially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Maryland
LENGTH OF STAY (in this place) 19 yrs 4 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 101 W. Monument Street

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) A. (Last) MERRICK
4. DATE OF DEATH (Month) Dec. (Day) 17 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-1-93
9. AGE last birthday 60 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph A. Merrick, Sr.
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491X

Immediate cause (a) Broncho Pneumonia — 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenic Reaction, Paranoid Type

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that VA attended the deceased from 7-23-34, 19....., to 12-17-53 19....., and that death occurred at 7:20 P.m., from the causes and on the date stated above.

SIGNATURE W. [signature] (Degree or title) Chief, Professional Services, VAH, Perry Point, Md. ADDRESS DATE SIGNED 12-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE
NAME OF CEMETERY OR CREMATORY National Cemetery
LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REG. Dec 18 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty actg. Reg.
24. FUNERAL DIRECTOR Pennington & Son
ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

1

DEP.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 27yrs.11mo.10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Lonaconing
STREET ADDRESS (If rural give location): 01X-2

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) F. (Last) MOODY

4. DATE OF DEATH: (Month) December (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-12-1893

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Miner - Coal Mine

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown - Deceased

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) 4200 Hypertensive, Cardiovascular, Renal Disease	12 Years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	12 Years
	DUE TO (c) Pneumonia, Broncho, Terminal	5 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 12 Years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 1-4 ..., 1926, to 12-14 ..., 1953 ~~that I last saw the deceased~~ alive on ~~..., 19...~~, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE: W. OPPLER, M.D. — (Degree or title): Chief, Professional Services — ADDRESS: VAH, Perry Point, Md. — DATE SIGNED: 12-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 12-15-53 — NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery — LOCATION (City, town, or county) (State): Lonaconing, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec. 17, 1953 — REGISTRAR'S SIGNATURE: Ida M Daugherty — actg Reg.

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
DEC 27
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 213 E. Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 213 E. Main

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) KENNARD (Last) Moody

4. DATE OF DEATH (Month) 12 (Day) 14 (Year) 1953

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED Single
8. DATE OF BIRTH 9-6-1915
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hours Hours M

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Personal Analyst
10b. KIND OF BUSINESS OR INDUSTRY U.S. Proj. Gov't.
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME William J. Moody.
14. MOTHER'S MAIDEN NAME Ada Biddle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 221-07-5472
17. INFORMANT AND ADDRESS Mrs Ada Moody, Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

345 X

Immediate cause (a) Acute Cardiac collapse.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiply Sclerosis of 3 yrs.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X accident ___, suicide ___, homicide ___, undetermined ___.

SIGNATURE R C Dodson MD. DME (Degree or title) ADDRESS Rising Sun Md DATE SIGNED 12-14-53

DISPOSITION (Burial) DATE THEREOF 12/17/53 NAME OF CEMETERY OR CREMATORY Elkton Cemetery LOCATION (City, town, or county) Elkton (State) Md.

DATE RECD BY LOCAL REGISTRAR Dec 15 REGISTRAR'S SIGNATURE F R Frazer 24. FUNERAL DIRECTOR H. Walter Du Bose, Jr. ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

AS WRITE, PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age specially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 69 Fenton Court, N.W.

3. NAME OF DECEASED (Type or Print): (First) LEROY (Middle) (N.I.) (Last) MOORE

4. DATE OF DEATH: (Month) December (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-26-1909

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Moore - Deceased

14. MOTHER'S MAIDEN NAME: Dorothy Felton

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, No, or unk.): Yes
(If Yes, give war or dates of service): W.W II

16. SOCIAL SECURITY No.: 578121697

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Lung abscess right upper lobe with extension — Interval Between Onset And Death: Approx. 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b): to right anterior chest wall
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Bullous Emphysema & Bronchial Asthma — Unknown

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8, 1953, to 12-13, 1953. I last saw the deceased alive on [illegible] and that death occurred at 5:10 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS — DATE SIGNED

L. OPPEL, M.D. Chief, Professional Services, VAH, Perry Point, Md. — 12-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 12-14-53 — NAME OF CEMETERY OR CREMATORY: Unknown — LOCATION (City, town, or county) (State): Columbus, Ga.

DATE REC'D BY LOCAL REGISTRAR: Dec 15, 1953 — REGISTRAR'S SIGNATURE: Ida M. Daugherty acty. Reg. — 24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son, PENNINGTON & SON, Havre de Grace, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 97

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 222 ✓
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (near Port Deposit, Md.)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wisconsin COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ladysmith
STREET ADDRESS (If rural, give location) 108 Lake Ave.

3. NAME OF DECEASED (Type or Print) (First) CLAUDE (Middle) WILLIAM (Last) MOSS
4. DATE OF DEATH (Month) DE (Day) 18 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 4-13-25
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ----
10b. KIND OF BUSINESS OR INDUSTRY ----
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Deceased - Unknown
14. MOTHER'S MAIDEN NAME Sarah Frances Runion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1942 - 1953
16. SOCIAL SECURITY NO. ----
17. INFORMANT AND ADDRESS Navy Service Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8 2 X

Immediate cause (a) INJURIES MULTIPLE EXTREME

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

III. INTERVAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) 12 (Day) 18 (Year) 53 (Hour) 0230
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto Accident Route 222

22. *I certify that I took charge of the remains described above, held an Autopsy XX, Inspection ☐, Inquiry XX thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident XX suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. L. Dodson MD DME Rising Sun Md 12-18-53

CREMATION VAL. (Specify) Removal
DATE THEREOF 12-1[illegible]-53
NAME OF CEMETERY OR CREMATORY Riverside Cemetery
LOCATION (City, town, or county) (State) Ladysmith Rusk Co. Wisc.

DATE REC'D BY LOCAL REG. 12-1[illegible]-53
REGISTRAR'S SIGNATURE Dorothy B Bramble
24. FUNERAL DIRECTOR Geo. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

USE WRITTEN PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct as specially important. Physicians: please write the causes of death clearly and legibly.

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rachel Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JULIANA		MROCZKA	12.	22	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
F.	White	Widow	5-5-1864	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
housewife	at home	Cracow Poland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vincent Damian	Mary —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	—	Frank P. Mroczka, Rachel Point Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4428 Immediate cause	(a) Cardio Vascular Renal	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Disease	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. FATAL CAUSE WAS PRIMARY OR CONTRIBUTING TO CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) Hour m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. E. Dochon	MD	Dom E Rising Sun Md.	12-23-53

BURIAL (Cremation)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county)	(State)
Burial	12/28/53	Cathedral	Wilmington, Del	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 24 53	Mrs Harold L. Cooper	H. Lippincott Sons	Elkton, Md

By O.H.P.

MAJOR RESERVED FOR BINDING

I

WRITE PLAINLY WITH INFADING INK Supply every item of information carefully especially important! Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 97

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge | LENGTH OF STAY (In this place) 30 mils
HOSPITAL OR INSTITUTION OR STREET ADDRESS U S Naval. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Dorothy. (Middle) A. (Last) Murphy
4. DATE OF DEATH (Month) 12 (Day) 23 (Year) 1953

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 9, 1923
9. AGE last birthday 30 yrs. | If under 1 year Months | Days | If under 24 Hours | Mo.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY House Work
11. BIRTHPLACE (State or foreign country) Colora Md.
12. CITIZEN OF WHAT COUNTRY U S A.

13. FATHER'S NAME Jerry Atkinson
14. MOTHER'S MAIDEN NAME Kathryn. Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Jerry Atkinson, Colora Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

816 X

Immediate cause (a) Fractured neck, both Arms

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest & Lacerated

(c) head.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route I | (CITY OR TOWN) Conowingo | (COUNTY) Cecil | (STATE) Md

TIME OF INJURY (Month) 12 (Day) 23 (Year) 53 (Hour) 9:30 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Head on Collision of Cento & Pickup

22. I certify that I took charge of the remains described above, held an Autopsy ___ Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X suicide ___, homicide ___, undetermined ___

SIGNATURE R. C. Dodson (Degree or title) M.D. Dm E | ADDRESS Rising Sun Md | DATE SIGNED 12/24-53

DISPOSITION (Cremation, Burial, etc.) Burial | DATE THEREOF Dec 28, 1953 | NAME OF CEMETERY OR CREMATORY Harmony Chapel | LOCATION (City, town, or county) Rowlandville | (State) Md.

DATE RECD BY LOCAL REG. 12/28/53 | REGISTRAR'S SIGNATURE Dorothy B. Bramble | 24. FUNERAL DIRECTOR J. Earl Tyson | ADDRESS Rising Sun Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important Physicians: please write the causes of death clearly and legibly.

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rd 4 — LENGTH OF STAY (in this place) 50 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rd 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle)	(Last) Patchell	4. DATE OF DEATH	(Month) Dec	(Day) 7	(Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-25-1886	9. AGE last birthday 87 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Papermaker	10b. KIND OF BUSINESS OR INDUSTRY Paper mill	11. BIRTHPLACE (State or foreign country) Penna	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME John J. Patchell	14. MOTHER'S MAIDEN NAME Anna M. FINLEY						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Miss Mary Patchell Elkton R 4 Md					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4		
Immediate cause (a)	Heart Block	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arterio sclerosis	10 yrs
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to Dec 7, 1953, that I last saw the deceased alive on Dec 7, 1953 and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Guy B. Holcombe	M.D.	Oxford Pa	Dec 8 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12-1-53	NAME OF CEMETERY OR CREMATORY Sharp's	LOCATION (City, town, or county) (State) Elkton R4 Cecil Co., Md
DATE REC'D BY LOCAL REG. Dec 9	REGISTRAR'S SIGNATURE F R Frazer	24. FUNERAL DIRECTOR Joseph R Grant	ADDRESS North East, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

EC 11 1953

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, 4
LENGTH OF STAY (In this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 259 E Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 259 E Main St

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) L (Last) PIPPIN
4. DATE OF DEATH: (Month) Dec (Day) 17 (Year) 1953
5. SEX: F.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept 27 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Elkton, Cecil Co.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Harry Longclare
14. MOTHER'S MAIDEN NAME: Alice Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: H Henry Pippin Elkton, Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 Immediate cause	(a) Arteriosclerotic Cardio-Vascular Disease with mitral stenosis & auricular fibrosis DUE TO	Unknown
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
260 X	(c)	6 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pleural effusion - bilateral Diabetes mellitus	Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 14, 1953, to Dec 17, 1953, that I last saw the deceased alive on Dec 17, 1953, and that death occurred at 9 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
S. Ralph Archer Jr. M.D. Elkton Md 12/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Dec 20/53 Elkton Elkton, Md
DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE
Dec 19 F H Frazier
24. FUNERAL DIRECTOR ADDRESS
H H Pippin & Son Elkton, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location) Main St

3. NAME OF DECEASED (Type or Print): (First) Lulah (Middle) E. (Last) St Clair

4. DATE OF DEATH: (Month) December (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 22 1881

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A. Winchester

14. MOTHER'S MAIDEN NAME: Annie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: David T. St Clair, Port Deposit, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 153X Carcinoma of Intestines — Interval Between Onset and Death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: August 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Intestines

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1953, to Dec 3, 1953, that I last saw the deceased alive on Dec 3, 1953, and that death occurred at 1.05 P m., from the causes and on the date stated above.

SIGNATURE: H. H. Hanson (Degree or title) M.D. ADDRESS: Port Deposit, Md DATE SIGNED: 12/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-7-1953

NAME OF CEMETERY OR CREMATORY: Hopewell

LOCATION (City, town, or county) (State): Port Deposit, Md Rural

DATE REC'D BY LOCAL REG.: Dec 4, 1953

REGISTRAR'S SIGNATURE: Ida M Daugherty acting Reg.

24. FUNERAL DIRECTOR: Lee A. Patterson & Son ADDRESS: Perryville, Md.

RECEIVED
DEC
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH · COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton 54 — LENGTH OF STAY (in this place): 15	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 119 Milburn St., X	STREET ADDRESS (If rural give location): 119 Milburn St.
3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) (Last) Scott	4. DATE OF DEATH (Month) December (Day) 7 (Year) 1953
5. SEX: Female — 6. COLOR OR RACE: Col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH: July 24, 1919	9. AGE last birthday: 34 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic — 10b. KIND OF BUSINESS OR INDUSTRY: Private Homes	11. BIRTHPLACE (State or foreign country): Bohemia Manor Md. — 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Jackson Scott	14. MOTHER'S MAIDEN NAME: Sadie M. Mercer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No.: none	17. INFORMANT: Sadie M. Scott-119 Milburn St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X

Immediate cause (a) Central pneumonia — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — 3 Months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 9:30 p m., from the causes and on the date stated above.

SIGNATURE: James L. Johnson — (Degree or title) M.D. — ADDRESS: 245 E. High St., Elkton, Md. — DATE SIGNED: Dec. 9, 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/10/53	Bohemia Manor Cem.	Bohemia Manor Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 10	F. H. Brazier	Edwin R. Bell	909 Poplar St.

RECEIVED
DEC 14 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 3yr.9mo.6days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Jersey COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Newark ✓ 27-3
STREET ADDRESS (If rural give location) 427 Plain

3. NAME OF DECEASED: (Type or Print) (First) HERCULES (Middle) (NMI) (Last) SINGLETON
4. DATE OF DEATH: (Month) December (Day) 13 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1896 (Day & month unk.)
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Concrete & Cement Finisher
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward Singleton
14. MOTHER'S MAIDEN NAME: Rhoda Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: 218-03-9245
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

OC 2 X

Immediate cause (a) Pulmonary Tuberculosis, Bilateral, Far Advanced — Interval Between Onset And Death: 3 Years

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 1950, to 12-13, 1953, ~~[illegible]~~ and that death occurred at 10:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. OPPLER, M.D. Chief, Professional Services, VAH, ADDRESS Perry Point, Md. DATE SIGNED 12-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 12-15-53
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR Dec. 16, 1953
REGISTRAR'S SIGNATURE Ida M Daugherty acty Reg.
24. FUNERAL DIRECTOR Pennington + Son
ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Earleville; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Earleville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) EMMA (Last) SMITH

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 3, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Templeton

14. MOTHER'S MAIDEN NAME: Mary E. Knotts

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S ADDRESS: Mrs. Blanche Cornelius - Earleville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) RIGHT HEMIPLEGIA — Interval Between Onset And Death: 4 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) CHRONIC HYPERTENSIVE CARDIOVASCULAR — 10 YEARS

DUE TO

(c) DISEASE

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1953, to December, 1953, that I last saw the deceased alive on DEC 24, 1953, and that death occurred at 2.40A, from the causes and on the date stated above.

SIGNATURE (Degree or title) Norman Davis MD ADDRESS Chesapeake City Md. DATE SIGNED 12/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Dec 28/1953; NAME OF CEMETERY OR CREMATORY Johnstown Cem.; LOCATION (City, town, or county) Earleville; (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec 28 53; REGISTRAR'S SIGNATURE Mrs Hazel A Cheyney

24. FUNERAL DIRECTOR Edward Pellow; ADDRESS Millington Md.

VS. A15

DEC
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 24 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) Elkton R. D 4

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) E (Last) Stigile

4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1953

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married — 8. DATE OF BIRTH: 1880 May 25 — 9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: James Fitzgerald — 14. MOTHER'S MAIDEN NAME: Rocalia Hall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No: — 17. INFORMANT & ADDRESS: Walter L. Stigile Elkton RD 4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Arteriosclerotic Cardio-Vascular Renal Disease — Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes and adenocarcinoma of unknown type — Unknown

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1953, to Dec. 1, 1953, that I last saw the deceased alive on Dec. 1 1953, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE and (Degree or title) R. Ralph Andrews jr. M.D. — ADDRESS Elkton Md. — DATE SIGNED 12/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 5 — NAME OF CEMETERY OR CREMATORY Newark — LOCATION (City, town, or county) (State) Newark Del

DATE REC'D BY LOCAL REGISTRAR Dec 5 — REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR R. J. Jones Newark — ADDRESS Del

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville, rural
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville Rural
STREET ADDRESS (If rural, give location): Aikin

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) L. (Last) Taylor
4. DATE OF DEATH: (Month) Dec. (Day) 2, (Year) 1953 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11-18-1872
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boulder, Stove
10b. KIND OF BUSINESS OR INDUSTRY: Foundry
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George F. Taylor
14. MOTHER'S MAIDEN NAME: Josephine Linton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs. Walter L. Martin, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 days R.D.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Sclerosis — 3 years

(c) Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov-16, 1953, to Dec 1, 1953 that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE: B. H. Benson (Degree or title) M.D. — ADDRESS: Port Deposit, Md — DATE SIGNED: Dec 3-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12-5-1953 — NAME OF CEMETERY OR CREMATORY: Asbury — LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.: Dec 4, 1953 — REGISTRAR'S SIGNATURE: Ida M. Daugherty, actg. Reg — 24. FUNERAL DIRECTOR: Lee A. Patterson & Son — ADDRESS: Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

REGISTERED
DEC
BUREAU V. S.

12117

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, Maryland
LENGTH OF STAY (in this place) 7yrs6mos.25days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GILBERT (Middle) C. (Last) THOMAS

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 21, 1898

9. AGE last birthday: 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman

10b. KIND OF BUSINESS OR INDUSTRY: District of Columbia.

11. BIRTHPLACE (State or foreign country): Nova Scotia, Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Thomas - Deceased

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

921.7

Immediate cause (a) Suffocation — Interval between onset and death:

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Aspirated food in Trachea and Bronchi

(c) Chronic Brain Syndrome, Associated with Brain Trauma — Over 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Generalized — Over 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from June 5, 1946, to Dec. 30, 1953, ~~xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx~~ and that death occurred at 5:45PM ~~xx~~, from the causes and on the date stated above.

SIGNATURE AND (Degree or title) E. S. Ellis, M.D. ADDRESS E. S. ELLIS, M.D. Acting Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED 1-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE 1-2-54 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Ft. Myer, Virginia

DATE REC'D BY LOCAL REG. Jan 5, 1954 — REGISTRAR'S SIGNATURE Ida M. Daugherty acty Reg — 24. FUNERAL DIRECTOR AND ADDRESS PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JAN 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12118

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Ceril MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Ceril
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EARL (Middle) GRASON (Last) WEIR
4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 1953

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 7-27-1903
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Nottingham Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William A Weir
14. MOTHER'S MAIDEN NAME Mabel C Grason.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World II
16. SOCIAL SECURITY No. 178-01-3772
17. INFORMANT AND ADDRESS Mrs. Mabel Weir, Colora Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976x Immediate cause (a) Gun shot wound of

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) head.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Colora. (COUNTY) Ceril (STATE) Md
TIME OF INJURY (Month) 12 (Day) 25 (Year) 53 (Hour) 12.45 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self inflicted wound of head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE R M Dodson MD (Degree or title) Dm E ADDRESS Rising Sun Md DATE SIGNED 12/25-53

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 29 1953
NAME OF CEMETERY OR CREMATORY Brookview Cem
LOCATION (City, town, or county) Rising Sun. (State) Md.

DATE REC'D BY LOCAL REG. 12/28/53
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

RECEIVED
DEC 30 1953
BUREAU V. R